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February 9, 2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:

Daniel John DiLorenzo

Application No. 10/718,248

Filing Date:

November 20, 2003

Title: Apparatus and Method for Closed-

Loop Intracranial Stimulation for Optimal Control of Neurological

Disease

.

Group Art Unit: 3762

Examiner:

Scott M. GETZOW

Attorney Docket: 10003-704.502 / BNC 1.10US

Confirmation No. 1505

CUSTOMER NO. 66854

TRANSMITTAL OF DOCUMENTS ACCOMPANYING ISSUE FEE PAYMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Submission of Replacement Drawings;
- (2) Issue Fee(s) Transmittal; and
- (3) "Fee Address" Indication Form.

Dated: February 9, 2007

Thomas M. Zlogar

Registration No. 55,760

Respectfully submitted

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PART B - FEE(S) TRANSMITTAL send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete and Commissioner for Patents P.O. Box 1450 FEB 1 2 2007 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 DESTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate the property of the current correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 021971 7590 11/22/2006 Certificate of Mailing or Transmission WILSON SONSINI GOODRICH & ROSATI I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 650 PAGE MILL ROAD PALO ALTO, CA 94304-1050 02/13/2007 WASFAW2 00000061 504050 (Depositor's name) **B**romaghim 01 FC:2501 700.00 DA (Signature) 02 FC:1504 300.00 DA 2007 03 FC:8001 6.00 DA APPLICATION NO. FIRST NAMED INVENTOR FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 10003- XXX-704.502 10/718,248 11/20/2003 Daniel John DiLorenzo 1505 TITLE OF INVENTION: APPARATUS AND METHOD FOR CLOSED-LOOP INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF **NEUROLOGICAL DISEASE** APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE , YES nonprovisional \$700 \$300 .\$0 \$1000 02/22/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS GETZOW, SCOTT M .3762607-045000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list SHAY LAW GROUP LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PNO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Seattle, WA **BioNeuronics Corporation** Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🍑 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee
Publication Fee (No small entity discount permitted) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4050 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. February 9, 2007 Authorized Signature Registration No. 55,760 Typed or printed name _ Thomas M. Zlogar

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